



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
WORK ASSIGNMENT / REMOVAL REQUEST FORM

NAME: _____ **INMATE #** _____

I am requesting the above listed inmate to be **ASSIGNED** to the _____ / _____
Title Code

For the following reasons: _____

I am aware of the inmate's health status and am willing to employ him within its restriction(s).

Supervisor's Name (Print Name) _____

Supervisor's signature _____ Date _____

I am requesting the above listed inmate to be **REMOVED** from the _____ / _____
Title Code

for the following reasons(attach incident report(s), work performance evaluation(s),disciplinary decision report for removal. _____

Supervisor's Name (Print Name) _____

Supervisor's signature _____ Date _____

INMATE STATEMENT : _____

Inmate Signature _____ Date _____

Health Status Date _____ **Restrictions** _____

OUTSIDE FENCE ROSTER	YES	NO	ESCAPE(S)/WALKAWAY	YES	NO
SINGLE FENCE ROSTER	YES	NO	DETAINERS	YES	NO
DOUBLE FENCE ROSTER	YES	NO	WARRANTS	YES	NO
SEPARATION NEEDS	YES	NO	PE DATE	_____	_____
			DISCHARGE DATE	_____	_____

PRESENT STATUS _____ **UNIT MANAGEMENT DECISION** _____ **If any of the above are marked yes, explain below.**

UNIT _____ **UNIT** _____

CUST _____ **CUST** _____

ASSIGN _____ **ASSIGN** _____

CODE _____ **CODE** _____

UMT REASON FOR ASSIGNMENT OR REMOVAL _____

Signature _____ **Date** _____

WHITE-MAIN FILE **CANARY-SIX PART FILE** **PINK-INMATE** **GOLDENROD-SUPERVISOR**